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## BIB DATA SHEET

CONFIRMATION NO. 2547

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/605,548	10/07/2003	705	3626	6858P001X14 / 014030.0110		
<b>RULE</b>						
<b>APPLICANTS</b> Stephen J. Brown, Woodside, CA;						
<b>** CONTINUING DATA *****</b> This application is a CON of 09/237,194 01/26/1999 which is a CON of 08/481,925 06/07/1995 PAT 5,899,855 which is a CON of 08/233,397 04/26/1994 ABN which is a CIP of 07/977,323 11/17/1992 PAT 5,307,263 * (*)Data provided by applicant is not consistent with PTO records.						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/30/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /VALERIE LUBIN/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> HEALTH HERO NETWORK, INC. 2400 GENG ROAD, SUITE 200 PALO ALTO, CA 94303 UNITED STATES						
<b>TITLE</b> NETWORKED HEALTH INFORMATION SYSTEM FOR MONITORING FOOD INTAKE						
<b>FILING FEE RECEIVED</b> 1358	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		